

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3976
ANSWERED ON:20.04.2005
SHORTAGE OF DOCTORS/STAFF IN RURAL HOSPITALS
Karunakaran Shri P.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware that there is shortage of doctors & staffs in many hospitals in rural areas;
- (b) if so, the details thereof alongwith the reasons therefor ;
- (c) whether the Government proposes to make it compulsory for doctors to work in rural areas for a minimum/limited period;
- (d) if so, whether the Government is also considering to provide staff accommodation/quarters to the doctors and staff attached with Primary Health Centres in the rural areas ; and
- (e) if so, the details thereof?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) & (b) Yes, Sir. Government is aware of shortage of doctors and other health staff in rural health care institutions in some of the States but the posting and transfer of these health functionaries are done by respective State Governments. Main reasons for this shortage are uneven postings of staff, lack of proper incentives for the health staff posted in difficult terrain/remote areas and vacancies against the sanctioned posts. The vacancy position of doctors in Primary Health Centres (PHCs), Specialists in Community Health Centres (CHCs) and other health staff in these health institutions, is annexed.

(c) At present, Central Government have no proposal to make it mandatory for doctors to work in rural areas for a minimum specified period. However, State/UT Government have taken a number of steps in this regard. There include, first posting in rural areas for 3 years, contractual appointment of doctors, 3 years rural service mandatory for undertaking post-graduate study, incentives like rural area allowance, choice posting after rural tenure, rural posting, pre-requisite for promotion/foreign assignment/training abroad etc. The Government has been advising the State Governments to fill up the vacancies on priority basis.

(d) & (e) Under Reproductive & Child Health Programmes - Phase-II, it is proposed to provide the funds for upgradation & renovation of staff quarters, in a phased manner prioritising the Empowered Action Group (EAG) States i.e. Bihar, Madhya Pradesh, Rajasthan, Uttar Pradesh, Jharkhand, Chhattisgarh, Uttaranchal and Orissa.

Vacancy Position at a Glance

As on September, 2004

S.No	State/UT LHV	ANM lists	MPW(M) macists	HA (F) / HA (M)	MO (PHC)	Specia-	Phar-	
1.	Andhra Pradesh	337	1013	50	348	360	182	67
2.	Arunachal Pr.	0	0	0	0	0	4	0
3.	Assam	0	318	146	0	0	0	0
4.	Bihar	NA	NA	NA	NA	NA	NA	NA
5.	Chattisgarh	463	611	#	611	56	56	250
6.	Goa	17	25	7	7	3	8	1

7	Gujarat	624	3016	275	649	158	202	391
8.	Haryana	23	382	250	57	0	243	16
9.	Himachal Pr.	420	719	80	52	#	NA	150
10.	J & K	376	4	58	0	25	134	0
11.	Jharkhand	NA	NA	NA	NA	NA	NA	NA
12.	Karnataka	1351	2665	39	465	175	147	545
13.	Kerala	0	184	0	18	0	280	32
14.	Madhya Pradesh	469	748	128	NA	247	NA	NA
15.	Maharashtra	333	1639	279	832	#	888	201
16.	Manipur	0	0	24	28	28	21	23
17.	Meghalaya	0	0	0	0	10	0	38
18.	Mizoram	3	31	11	11	0	0	0
19.	Nagaland	0	#	0	0	0	0	0
20.	Orissa	353	1519	25	8	0	NA	56
21.	Punjab	315	1175	70	40	60	0	38
22.	Rajasthan	258	1440	10	224	199	223	20
23.	Sikkim	1	#	3	0	10	16	4
24.	Tamil Nadu	273	830	455	651	632	0	153
25.	Tripura	#	236	#	35	11	0	#
26.	Uttaranchal	31	155	4	135	464	32	0
27.	Uttar Pradesh	1036	3348	407	1651	NA	NA	NA
28.	West Bengal	1286	2533	499	946	241	177	207
29.	A & N Islands	0	26	0	0	0	8	0
30.	Chandigarh	0	0	0	0	0	0	0
31.	D & N Haveli	0	0	0	3	0	0	0
32.	Daman & Diu	0	0	0	0	0	0	0
33.	Delhi	13	8	4	7	0	0	1
34.	Lakshadweep	0	0	0	0	0	0	0
35.	Pondicherry	0	3	5	5	0	#	5

All India 7982 22618 2829 6783 2679 2621 2198

Notes:

Figures are provisional

NA : Not available

: Surplus